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TRANSMITTAL FORM			Application Number	10/566,330-Conf. #5046						
			Filing Date	September 11, 2006						
			First Named Inventor	Erwin Knott						
			Art Unit	2629						
(to be used for all correspondence after initial filing)			Examiner Name	V. T. Lam						
Total Number	of Pages in This Submiss	sion	Attorney Docket Numb	er H0075.70110US00						
ENCLOSURES (Check all that apply)										
X Fee Transm	nittal Form	Drawing(s)		After Allowance Communication to TC						
Fee A	Fee Attached		ated Papers	Appeal Communication to Board of Appeals and Interferences						
X Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final		Petition to Convert to a Provisional Application		Proprietary Information						
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter						
X Extension of Time Request		Terminal Disclaimer		Other Enclosure(s) (please Identify below):						
Express Abandonment Request		Request for Refund								
Information Disclosure Statement		CD, Number of CD(s)								
Certified Copy of Priority Document(s)		Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application		Remarks								
Reply to Missing Parts under										
07 05 TC 1.52 01 1.50										
	SIGNATI	JRE OF APPLICA	NT, ATTORNEY, OR	AGENT						
Firm Name	WOLF, GREENFIEL	D & SACKS, P.	C.							
Signature	James Marilania.									
Printed name	James M. Hanifin, Jr.									
December 16, 2008			Reg. No.	39,213						
Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: December 16, 2008 Signature: (Delina A. Andriolo)										

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/566,330-Conf. #5046								
				Filing Date		September 11, 2006						
FEE TRANSMITTAL						Erwin Knott	, 2000					
For	Examiner Name		V. T. Lam									
Applicant claims small	Art Unit		2629									
TOTAL AMOUNT OF PAYME		Attorney Docket No. H0075.7011			US00							
METHOD OF PAYMENT (check all that apply)												
Check x Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.												
For the above-ident	ified deposit a	account, the Di	rector is	hereby authorize	ed to: (chec	ck all that apply)	,					
Charge fee(s)	indicated bel	ow		Charg	e fee(s) ind	dicated below, e	except for the filing fee					
Charge any a fee(s) under 3		s) or underpayr and 1.17	ments of	x Credit	any overpa	ayments						
FEE CALCULATION			<u>.</u>									
1. BASIC FILING, SEARCH	i, AND EXAM	IINATION FEE	S									
		G FEES	SEA	ARCH FEES	EXAMIN	NATION FEES	;					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)					
Utility	330	165	540	270	220	110						
Design	220	110	100	50	140	70						
Plant	220	110	330	165	170	85						
Reissue	330	165	540	270	650	325						
Provisional	220	110	0	0	0	0						
2. EXCESS CLAIM FEES							Small Entity					
Fee Description							Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues) 52 2												
Each independent claim ov	er 3 (includin			220 110								
Multiple dependent claims			_			=	390 195					
	tra Claims	Fee (\$)	F6	e Paid (\$)		luitiple Depend						
- or HP = HP = highest number of total cla	ims paid for, if or				<u> </u>	ee (\$)	Fee Paid (\$)					
_	tra Claims	Fee (\$)	Fe	e Paid (\$)								
- or HP =	×											
HP = highest number of indepen	dent claims paid	for, if greater than	1 3.									
3. APPLICATION SIZE FEE												
If the specification and dra												
listings under 37 CFR sheets or fraction there					or sman e	niny) for each a	idditional 30					
	xtra Sheets			dditional 50 or fra	ction thereo	f <u>Fee (\$)</u>	Fee Paid (\$)					
		/50 =		(round up to a who	ole number)		=					
4. OTHER FEE(S)							Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing su	ırcharge): <u>12</u>	51 Extension	for res	ponse within fi	rst month		130.00					
SUBMITTED BY												
Signature	6mHa	moni	$\langle \rangle$	Registration No. (Attorney/Agent)	39,213	Telephone	617.646.8000					
Name (Print/Type) James M	Date	December 16, 2008										
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•	(a)(4).			. 1								
Dated: December 16, 2008 Signature: (Delina A. Andriolo)												